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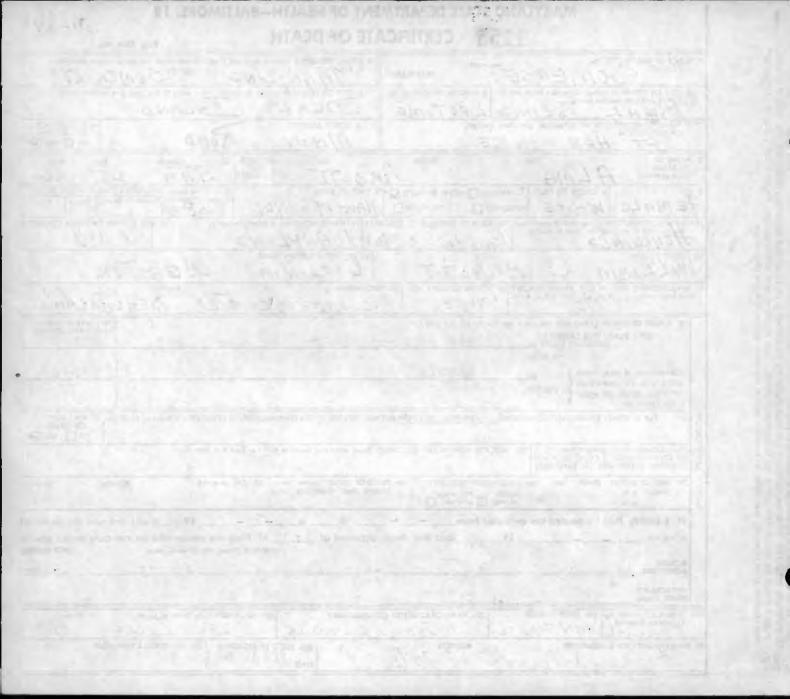
VS A15 (4) 15M 9/55

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

1159 CERTIFICATE OF DEATH

01151

7700 0-1111	Reg. Dis	t. No.
1. PLACE OF DEATH OMERSET MARYLAND	TITINILAND STOTE	te before admission) PERSET
b. CITY OR TOWN (If autside corporate limits, write RURAL and give nearest town)	c. CITY O'R TOWN (If outside carporate limits, write RURAL and g	ive nearest town)
d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION HER HOME	1 d. STREET ADDRESS MAIN NOAD	e. IS RESIDENCE ON A FARM? YES NO D
NAME OF First Middle DECEASED (Type or print) ALMA	ABBOTT 4. DATE Month OF DEATH TAN	Day Year
TEMALE WHITE WIDOWED DIVORCED		YEAR IF UNDER 24 HR Doys Hours Min.
11/ 040 -1/ 050 1/	TES MARYLAND U.	ZEN OF WHAT COUNT
WILLIAM C. ABBOTT	14 MOTHER'S MAIDEN NAME VIRGINIA WEBST	ER
S. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. (Yes, no, or unknown) (If yes, give wor or dotes of service) (VONE)	MOLLIE WEBSTER DEA	LISLAND
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (b) DUE TO Conditions, if any, which gove rise to immediate codes (a), stating the under- lying cause lost. [b] ANOMIA Columnia	Spleanism	Interval Between onset and Death years years
	IUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART	1(o) 19. WAS AUTOPS' PERFORMED? YES NO
	RED. (Enter nature of injury in Part I or Port II of item 18.)	
	PLACE OF INJURY (Hame, farm, 20f. (City or tawn) (C factory, street, office bldg., etc.)	ounty) (State
21. I certify that I attended the deceased fram. 3-28-alive on 1-25-60, 19, and that deal signature. PHYSICIAN'S EVERETT C. Suttern D	7	e date stated aba DATE SIGN
20. BURIAL ENEMATION - 226. DATE THEREOF REPOVAL (Specify) L JAN 27-1960 ST. JOHN		ND (Stote)
3. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Solu	DATE DATE 240. REC'D BY REGISTRAR'S SIG	



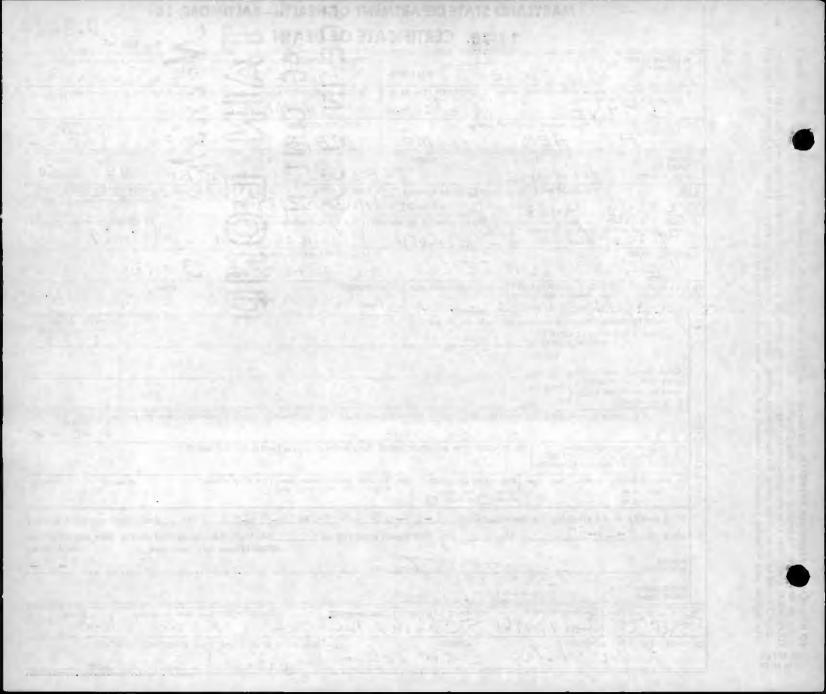
VS A15 (4) 15M 10/57 M

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1150 CERTIFICATE OF DEATH

		CERTIFICA	AIL OF DEATH	Reg	. Dist. No.
o. COU	SOMERSET	MARYLAND	2. USUAL RESIDENCE (Where	deceased lived. If institution: Re	SomeRSET
b. CITY RUR	OR TOWN (If outside corporate limits, write core) and give negrest lown)	ETULE	c. CITY ON TOWN Alf outs	ide corporale limits, write RURAL	ond give nearest town)
d. NAN OR I	E OF MOSPITAL (If not in hospital, give street address) NSTITUTION HER	40ME	d. STREET ADDRESS	ROAD	e. IS RESIDENCE ON A FARM? YES NO D
3. NAME DECEAS (Type of	ED // h	Middle 73	ECKETT 4	DATE Month OF DEATH JAN	/ Y 1960
5. SEX	wall negrowidowed	NEVER MARRIED	8, DATE OF BIRTH May 12-18	lost birthday) Mon	IDER I YEAR IF UNDER 24 HRS. This Days Hours Min.
July	L OCCUPATION (Give kind of work dane 10b) KIND O Lingst of working life even if setted)	e Roll	STRY 11. BIRTHPLACE (Stole or Mary	foreign country) 12	CITIZEN OF WHAT COUNTRY?
13. FATHER	ETER WHITE		14. MOTHER'S MAIDEN MAN	INE JON	ES
15, WAS D (Yes, no, or s	nknown) (Hures Arymwror or dates of service)	NOWN 170	Formant Cur	FIS Address Y	Rancered
Congove	ditions, if ony, which (b)	ngitis			INTERVAL BETWEEN ONSET AND DEATH 3Weeks
lying	couse lost. (c)			L DISEASE CONDITION GIVEN IN	PART 1(a) 19. WAS AUTOPSY PERFORMED?
OR CO			iosciposis D. (Enter noture of injury in Port	I or Part II of item 18.)	YES NO
		CCURRED 20e. PL	ACE OF INJURY (Home, form, clory, street, office bldg., etc.)	20f. (City or town)	(County) (State)
alive ACTUA SIGNA PHYSIA	TURE SLEET		occurred at 6A J		t I last saw the deceased on the date stated abave. DATE SIGNED Land 1-16-6
7549	TAN 17-1960 5	TIC Kurles	need rus	d. LOCATION (City, town, or court	nty) next (Stote)
23. FUNER	AL DIRECTOR'S SIGNATURE S	coul or	leces DATE TABLE		



VS A15 (4)

1SM 9/58

Reg. Dist. No

e. IS RESIDENCE ON A FARM?

YES NO P

19

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SOMERSET

IF UNDER I YEAR IF UNDER 24 HRS

12. CITIZEN OF WHAT COUNTRY?

INTERVAL BETWEEN ONSET AND DEATH

MECINA

PERFORMED? YES NO 14

(State)

(State)

Days

(County)

Months

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70 (21 W) WEST 1/4 (1)

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VS. A15ME(5)

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4-000 214 XV31

23. FUNERAL DIRECTOR'S SIGNATURE

246. REC'D BY REGISTRAR DATE JAN 21 '60

anthun of Heares

24b. REGISTRAR'S SIGNATURE

Assertable Committee

VR A1S (4) 1SM 9/59

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

01155

CERTIFICATE OF DEATH 1159-

<u> </u>			1 1 6 6	18-8-4-711	$\mathbb{D} \cup \mathcal{L} \cap \mathcal{L}$	2-2-0	U CT				_		
	ACE OF DEATH COUNTY	SOMER	SET	MARYL		a. STATE	IARYLA		lived. If instituti b. COUNTY		nce befor		sion)
b.	RURAL and give no	f autside carporate limi parest lawn) SFIELD	ts, write	c. LENGTH OF STAY I	N 1b	20	OWN (IF a		ate limits, write R	URAL and	give ned	rest tow	n)
d.	NAME OF HOSPIT	AL (If not in haspital, g BROAD ST.	ive street	oddress)		d. STREET A	DDRESS	ROAD ST	REET				SIDENCE FARM?
DE	AME OF CEASED (pe or print)	Fir JOH		Middle MILTO	V	DAVI		4. DATE OF DEATH	JANU		18	,	Year 1960
S. SE	X MATE	6. COLOR OR RACE		IED NEVER MARRIE	8.	DATE OF BIRTH	300		9. AGE (In years last birthday) 9. Yrs.		Days		ER 24 HRS Min.
10a. i	during mast of worl	ON (Give kind of work or king life, even if retired) OD WORKER	dane 10b.	KIND OF BUSINESS OF	NDUSTI	RY 11. BIRTHPL		TLAND	untry)	12.017		WHAT	COUNTRY
13. FA	ATHER'S NAME					14. MOTHER'S	MAIDEN N	IAME					
		DAVIS			lain mann								
		R IN U. S. ARMED FOR Iff yes, give war or dates of to WW 1	ervice)	7-05-8099	17. INF	JOHN	HENRY	BROW	Add	CRISE	IELD	, M),
ICATION	420,0 Conditions, if a gave rise to i cause (a), staining lying cause last. Part II. OTI	mmediate (DUT TO	Act Ont	eri Pas Crisoleste Contributing to DEA Coh hos	TH BUT N		THE TERM!	T /L	CONDITION GIV	VEN IN PAR	100	Now Negro	AUTOPSY ORMED?
In-	OR CONTRIBUTING	CAUSE OF DEATH MEDICAL EXAMINER) Y Manth, Day, Yee		VJURY OCCURRED Not while	20e. PLAC	E OF INJURY (I	Home, form	, 20f. (City		(Caunty)		(State
2 47 12	n. I certify the	of (I) (this hospital sed alive on /s	attend 22 Ban	led the deceased in 1957, and		ath occurred	OVEA DI DI	M, from	STAFF PHYS.			stated	(we) los d obave Bb. DATE SIGNEE
	BURIAL, CREMATIC REMOVAL (Specify) BURIAL		F 196	23c. NAME OF CEME		CREMATORY		23d. LOCAT	ION (City, town,			(Sto	te)
24. FI	JNERAL DIRECTOR		9 - 25	ADDRESS	THE VIE		2Sa. REC'	D BY REGISTI		STRAR'S SI	GNATU		
	BRADSHAT	I & SONG		CRISRIELD	MD		DATECT	n 1 101	0 0	71 . 0	4		

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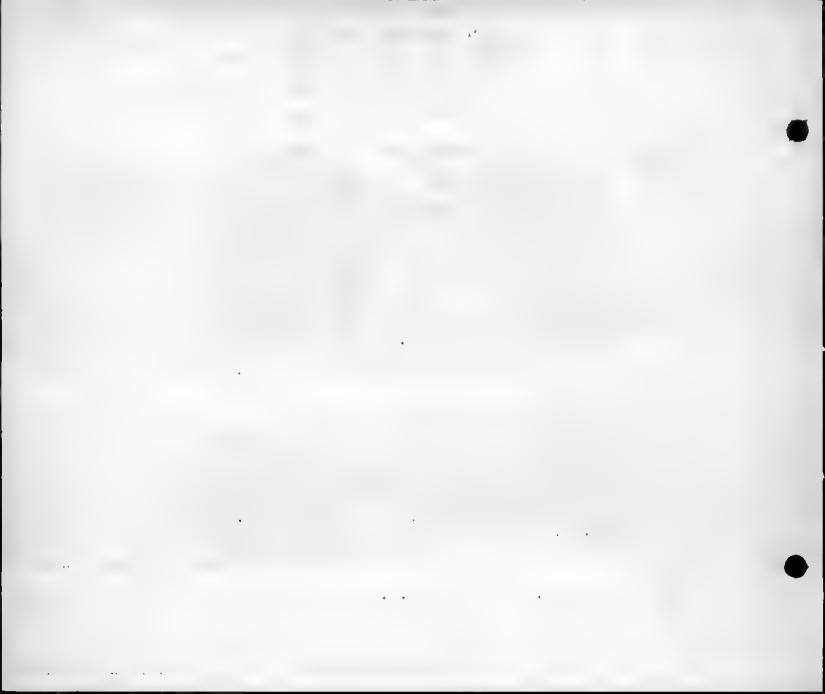
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7			MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18	
4 55/	· con and	L	CERTIFICATE OF DEATH	() 1156 ag. Dist. No.
director filed wit			1. PLACE OF DEATH a. COUNTY 2 USUAL RESIDENCE (Where deceased lived If institution) a. COUNTY b. COUNTY	Residence before admission)
file di		-	1136121	el et e e e e e
death uneral			RURAL and give nearest town)	L and give nearest town)
the f	X	r	d NAME OF HOSPITAL (If not in hospital, give street oddress) OR INSTITUTION OR INSTITUTION d. STREET ADDRESS	e IS RESIDENCE
>N/	alit a	L	Bex 171 , Dex 171	YES NO
ad in E			DECEASED Month	Day Year
ithin 2 ely fille Poges		-	(Type or print) 5 SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8 DATE OF BIRTH 9 AGE fin years 15 U	UNDER I YEAR IF UNDER 24 HRS
3 -			A YOU THIS ASSESSMENT OF THE A	onths Doys Hours Min
recuted comple papers.		10a		12 CITIZEN OF WHAT COUNTRY
နိ ဥာဌာ	1/ 1	L	Trantic FARM MARYIN. A	ZI.S.A.
ion and carban after de	(1	13.	13. FATHER'S NAME	
physici mave hours	1	15	15 WAS DECEASED EVER IN U. S ARMED FORCES? 16 SOCIAL SECURITY NO. 17. INFORMANT Address	
certing pt			(Mes. no or unknown) (If yes, give wor or dates of service)	o
eath endir ease thin			18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c)]	INTERVAL BETWEEN
he d			PART I DEATH WAS CAUSED BY. Acute Dil. of Heart, Uremia	2 weeks
y the			+2-3 2 DUE TO	about
es #			Conditions, if ony, which gove rise to immediate Chronic Myocarditis - C. Int. Nephirit	is 4 years.
sign sign Pee			couse (a), stoting the under-	
ician. ician. ieen si ronsit I, and		z	/ (0)	IN PART I(o) 19 WAS AUTOPSY
phy:	.)	CATE	CATE	PERFORMED? YES NO
oding cate h e bur		CERTIFICATION	20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port 1 or Port II of item 18.) OR CONTRIBUTING CAUSE OF DEATH OF THER, NOTIFY MEDICAL EXAMINER)	
other artification of the control of		4 1		(County) (Slote)
PHY tol or this co or use remati		MEDICAL		
Maspi Meter Meter ed fo			21. I certify that I attended the deceased from Nov. 9. 1959, to Jan. 26, 1960 th	at I lost sow the deceosed
he he had had he had he had			olive on Jan. 26, , 160, , and that death occurred of 2:30 PM, from the causes and	an the date stated above.
CTC CTC ob o			Acoust C M Co 1	DATE SIGNED
DIRECTION DE PRIOR DE LA PRIOR	1			yland 1-29-60
reto RAL Shoul			PHYSICIAN'S George C. Coulbourn, M.D. Marion Station, Mary	land
OSP V be UNE Je 3 regi		220	220 BURIAL, CREMATION, 22b. DATE THEREOF 22c NAME OF CEMETERY OR CREMATORY 22d LOCATION (City, fown, or co	ounty) (Store)
O O O		27	Bucia, 11-31-60 FAMILY COM MARIELIA	7 1
VS A15 (4)	× -	23	EE 2 160	R'S SIGNATURE
15M 10/57	1.4.3	4	Theenten B Jelley DA lisbury In DATE [RB 2 00] Com	C. D. Trouble

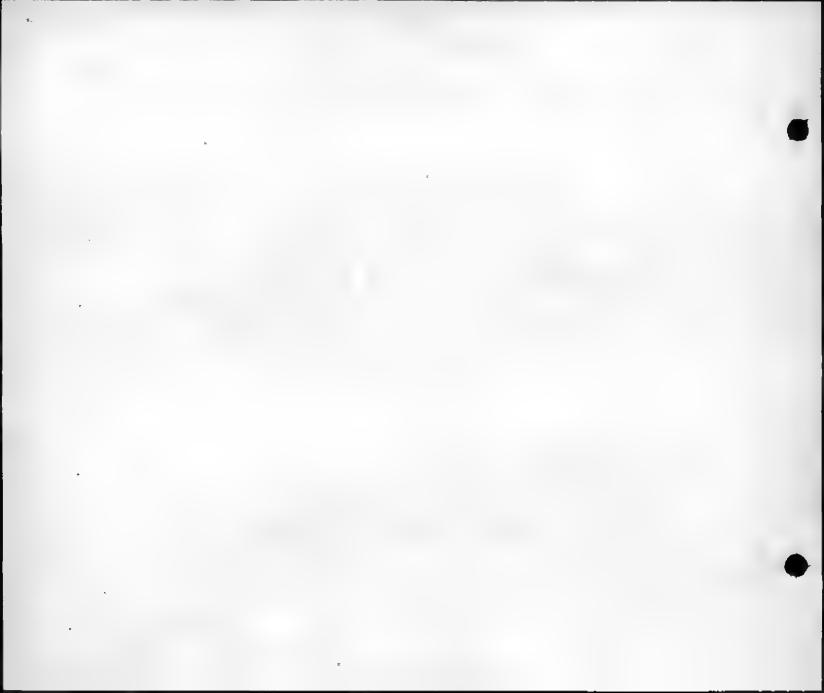


VS A15 (4) 1SM 9/58

7157 CERTIFIC	CATE OF DEATH Reg. Dist. No.
1. PLACE OF DEATH O. COUNTY Somerset MARYLAN	2 USUAL RESIDENCE (Where deceased lived If institution Residence before admission) o. ST Transland b. COUNTY SOME ISEL
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest lawn) Princess Anne Life	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
d NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION	d. STREET ADDRESS Beechwood St. e. IS RESIDENCE ON A FARM? YES \(\) NO \(\)
3. NAME OF DECEASED (Type or print) Herbert R.	Dryden 4. DATE Month Day Year January 30 19 60
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED [Male white widowed Divorced [The same of the sa
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Tallroad 10b. KIND OF BUSINESS OR IN	NDUSTRY 11 BIRTHPLACE (Stote or foreign country) Maryland U.S.
Rufus Dryden	Ida Long
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) NO Iff yes, gave wor or dates of service)	Hollis Dryden, Pocomoke City, Ad.
3 Decontain anim	BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 19 WAS AUTOPS PERFORMED? YES INDEPENDENT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(b) 19 WAS AUTOPS PERFORMED? YES INDEPENDENT NOT IT IN PORT I OF PORT II OF IDEM 18.)
	PLACE OF INJURY (Home, farm, foctory, street, office bldg., atc.) (City or Iown) (County) (Stot
21. I certify that I attended the deceased from Salar alive an	M.D. Princes ame md 1/30/6 Rinces S.S. FINNE, 110
220. BURIAL, CREMATION. 22b. DATE THEREOF 22c. NAME OF CEMETER DUTT 13Pecify) 2/1/60 Immenuel	Princess Anne, Md.
23' EUNERAL DIRECTOR'S SIGNATURE ADDRESS ADDRESS AND	240. REC'D BY REGISTRAR 246. REGISTRAR'S SIGNATURE DATEEB 5 '60 Civilian S. Kraus

Princess Anne.

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18



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D. COUNTY

PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived If institution: Residence before admission) o. STATEMaryland b. COUNTY Somerset Somerset MARYLAND b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 🔀 c CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL ond give neorest town)
ral Princess Rural Princess Anne life Anne d. NAME OF HOSPITAL (If not in hospital, give street address) d. STREET ADDRESS IS RESIDENCE YES NO NAME OF First Middle 4. DATE Month Lost DECEASED 60 Ennis January Sidney В. DEATH (Type or print) 19 IF JNDER 1 YEAR IF UNDER 24 HRS 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years losty by thoay April 1, 1887 Months white WIDOWED I DIVORCED [7] male 10a. USUAL OCCUPATION (Give kind of work done) 10b. KIND OF BUSINESS OR INDUSTRY 11, BIRTHPLACE (Stole or foreign country) 12. CITIZEN OF WHAT COUNTRY? Reited farmer U.S. Marvland 13 FATHER'S NAME 14. MOTHER'S MAIDEN NAME Rose Matthews Sidney C. Ennis IS, WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. INFORMANT Princess Anne. Md. Harvey Ennis no 1B. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY Myocardial infarction days IMMEDIATE CAUSE (o) DUE TO Coronary arteriosclewsis Conditions, if ony, which vears gove rise to immediate DUE TO cause (a), stating the underlying couse lost. PART IL. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THETERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19 WAS AUTOPSY PERFORMED? uremia YES NOTE 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port 1 or Port II of item 18.) 20o. ACCIDENT WAS UNDERLYING [3] OR CONTRIBUTING | CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c, TIME OF INJURY 20e, PLACE OF INJURY (Hame, farm, Month. Doy, 20d. INTURY OCCURRED 20f. (City or town) (County) (Stote) factory, street, office bldg., etc.) Hour a.m. While Not while at work of work p. m. 21. I certify that I offended the deceosed from 11-30-59..., to 1-31-60., 19..., that I last sow the deceosed alive on... ADDRESS (Street, city or town, state) ACTUAL SIGNATURE Dames Quarter. PHYSICIAN'S Everett C.SutterMD

certificate be detached may be retained by the TO FUNERAL DIRECTOR: 3 shauld page : VS A15 (4) 1SM 9/5B

registrar

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burial /60 23 FUNERAL DIRECTOR'S SIGNATURE

226. DATE THEREOF

NAME (Type)

220. BURIAL, CREMAT ON,

22c. NAME OF CEMETERY OF CREMATORY Baptist Cemetery ADDRESS

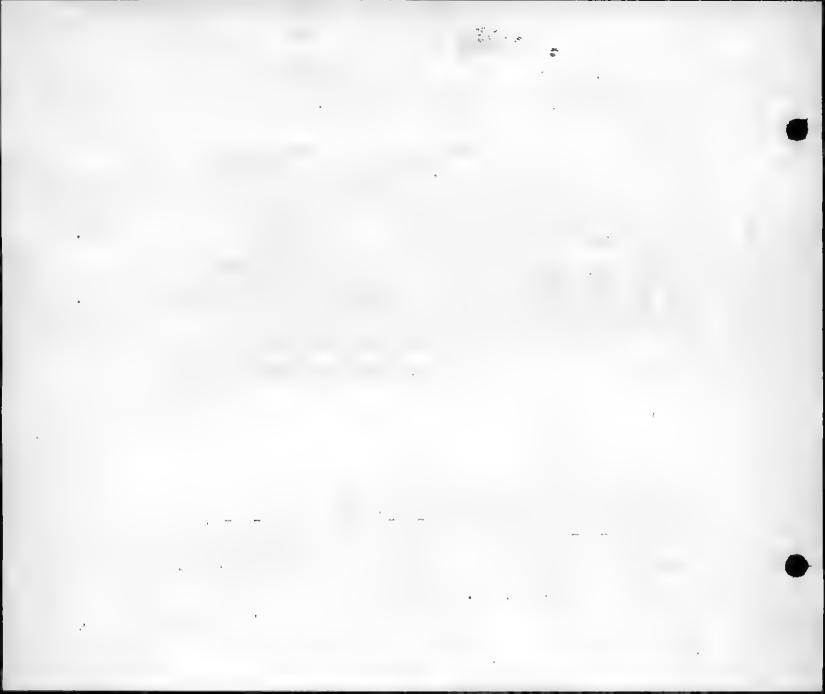
24g, REC'D BY REGISTRAR Princess Anne, Md AMEFER 5

24b. REGISTRAR'S SIGNATURE Chilling & House

(Stole)

22d. LOCATION (City, town, or county)

Pocomoke City.



VS A15 (4) 15M 9/58 M

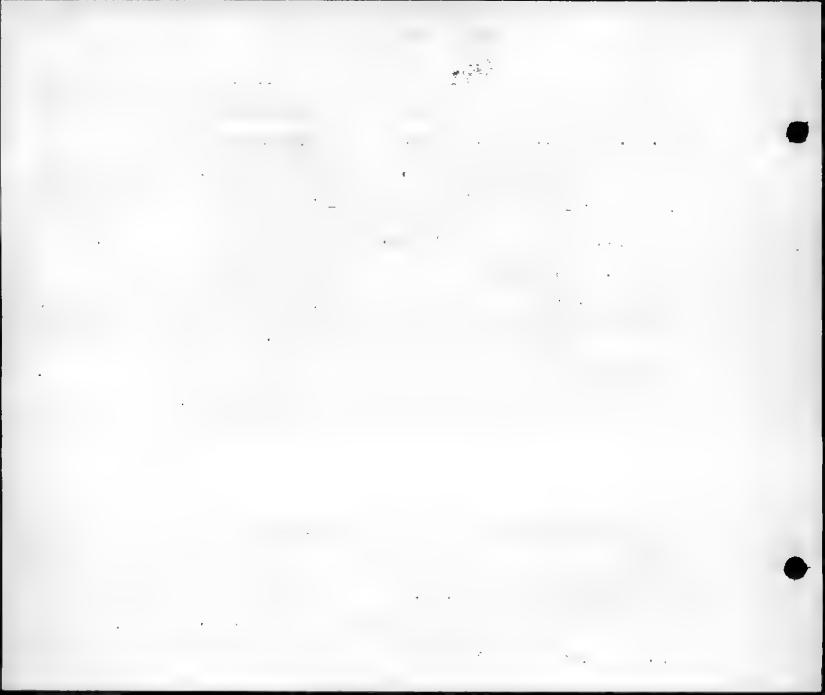
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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

1163 CERTIFICATE OF DEATH

() 1153

						Keg. Dist. N	9.
1. PLACE OF DEATH	•		2. USUAL RESIL	ENCE (Where dece	used lived. If institution b. COUNTY	n: Residence bef	ore admission)
SOME	R.S.E.T	MARYLAND		ARYLANI		SOMER	RSET
	itside corporate limits, write	c. LENGTH OF STAY IN 16	c. CITY OR T	OWN (If outside co	rporate limits, write RL	IRAL and give or	earest town)
~	FIE LD	8 DAYS	37 0	HISFIE	L D		
d NAME OF HOSPITAL	(If not in hospital, give street	address)	d. STREET A			**	e. IS RESIDENCE ON A FARM?
EDW. W. M	CCREADY ME.	MO.HOSP.	/ S	OMERSE	r Avenue		YES NO NO
3. NAME OF DECEASED (Type or print)	First GORDO	N Carroll	E V A	Ar.	T	1	3 1960
5. SEX 6.	COLOR OR RACE 7. MARE	RIED 🔀 NEVER MARRIED 🔲	B. DATE OF BIRTH		9 AGE (In years last birthdoy)		R IF UNDER 24 HRS.
MALE	WHTTE WIDOW	ED DIVORCED	6-8-93		66 yrs	Months Doys	Haurs Min
10a. USUAL OCCUPATION	(Give kind of work done 10b. life, even if retired)	KIND OF BUSINESS OR IND	USTRY 11. BIRTHPL	ACE (State or foreig	n country)	12. CITIZEN C	F WHAT COUNTRY
STORE OWN.	ER Co.	NFECTIONER	Y MA	RYLAND		USA	4
13. FATHER'S NAME			14. MOTHER'S	MAIDEN NAME			
WILLI	E A. EVANS		Elper	tena Tyle	er		
	U. S. ARMED FORCES? 16	SOCIAL SECURITY NO.	INFORMANT		Addr	255	
Yes	WW 1		Kenneth	I EVANS	CRI	SFIELL	o, Mo.
	[Enter only one couse per fin	ne for (a), (b), and (c).]					TERVAL BETWEEN
PART I DEATH	WAS CAUSED BY:	erdiac)	-tan	den	•		1 6
420.1	DUE TO			,		-	
Conditions, if ony,		and the same	1 home	and and	a d	-	Lubs
gove rise to imm couse (o), stoting the		,	1	1	^		
lying couse lost.	(c) }2-[renteres; on	T Cies	te les	The was 1	2	
PART II OTHER	SIGNIFICANT COND TIONS	CONTRIBUTING TO DEATH BU	IT NOT RELATED TO	THE TERMINAL DISE	ASE CONDITION GIVE	EN IN PART 1(o)	19 WAS AUTOPSY PERFORMED?
3							YES NO
PART II OTHER 20g. ACC.DENT WAS U OR CONTRIBUTING (IF EITHER, NOTIFY ME	CAUSE OF DEATH!	CRIBE HOW INJURY OCCURI	ED. (Enter noture o	Fanfury in Port For	Port (i af item 18.)		
20c. TIME OF INJURY			PLACE OF INJURY (lome, form, 20f (City or town)	(County	(Stote
₹ p. m.	19 While at wor	k ot work					
21. I certify that	I attended the deceas	ed from Idee	12, 1957	, to O	-3, 1949	hat I last sa	w the deceased
alive an JAN	3 , 19	60 , and that deal	h accurred al	: 35 MPM	m the causes and	d an the dat	e stated abave
	1 .	\wedge 1		ADDRESS	(Street, city or town,	state)	DATE SIGNED
SIGNATURE > 00	rah M.	Ley ton	_M.D	CRISFI	ELD, MD.		
PHYSICIAN'S SA	RAH M. PEY	TON, M.D.	CF	arsf i el	D, MARYL	AND	dans dans dans sams dans sams ann marr dans, dans - dans dans ann
220. BUR AL, CREMATION,	22b. DATE THEREOF	22c. NAME OF CEMETERY			CATION (City, town, o		(Stote)
REMOVAL (Specify) Burial	1-6-60	Sunnyridge (emetery		isfield, Me		
23 FUNERAL DIRECTOR'S S	_	ADDRESS		24g. REC'D BY PE	GISTRAR, 6024b. REGIS	TRAR'S SIGNATI	URE
Bradshaw &	Sons, Crisfie	eld, Maryland		DATE		arthur &	Though



TO HOSPITAL O

VS A15 (4) 15M 9/58

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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

CERTIFICATE OF DEATH

01160

S SEX 6 COLOR OR RACE 7. MARRIED 10 NEVER MARRIED 11 NEVER MARRIED 12 NEVER MARRIED 13 NATION 14 NOTHER STRANG 14 NOTHER'S MARKE 15 NAS DECASEDEVER IN U. S. ARAND FORCES? 16 SOCIAL SECURITY NO. 18 NAS DECASEDEVER IN U. S. ARAND FORCES? 19 NAS DECASEDEVER IN U. S. ARAND FORCES? 10 NAS DECASEDEVER IN U. S. ARAND FORCES? 11 NATION OF DEATH (Enter only one course per line for (p), (b), and (c). 18 NAS DECASEDEVER IN U. S. ARAND FORCES? 19 NAS DECASEDEVER IN U. S. ARAND FORCES? 10 NAS DECASEDEVER IN U. S. ARAND FORCES? 10 NAS DECASEDEVER IN U. S. ARAND FORCES? 11 NAS DECASEDEVER IN U. S. ARAND FORCES? 12 NAS DECASEDEVER IN U. S. ARAND FORCES? 13 FAITH LOTHER STORMFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL D. SEASE CONDITION GIVEN IN PART (c) IV. 19 NAS DECASEDEVER IN U. S. ARAND FORCES? 10 NAS DECASEDEVER IN U. S. ARAND FORCES? 10 NAS DECASEDEVER IN U. S. ARAND FORCES? 11 NAS DECASEDEVER IN U. S. ARAND FORCES? 12 NAS DECASEDEVER IN U. S. ARAND FORCES? 13 NATIONAL STORMS OF DEATH (b). 14 NATIONAL STORMS OF DEATH (b). 15 NAS DECASEDEVER IN U. S. ARAND FORCES? 16 SOCIAL SECURITY IN O. 18 NAS DECASEDEVER IN U. S. ARAND FORCES? 18 NAS DECASEDEVER IN U. S. ARAND FORCES? 19 NAS DECASEDEVER IN U. S. ARAND FORCES? 10 NAS DECASEDEVER IN U. S. ARAN	1		Reg. Dist. No.	
RIBAL ond give necessary lowers. STEEL ADDRESS Control Cont		1.	COUNTY & COUNTY	ision)
OR INSTITUTION AMAB OR DECLARATION First Middle Leat DECLARATION Doy Year DECLARATION Doy Year DECLARATION Doy Year DECLARATION Doy Year DECLARATION DOY DECLARATION DECLAR			CRISFIELD LIFETIME ? CRISFIELD	m)
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MALE WHITE WIDOWED DIVORCED AUG. 15-1872 STATE Day Mounts Day D			(Type or print) ELMER REEVE GANDY DEATH JAN 12	1960
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TO HOSPITAL

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND 1162 CERTIFICATE OF DEATH

2 WA 161

1. PLACE OF DEATH a. COUNTY SOI	ÆRSET	MARY		USUAL RESIDE	NCE (Where RYLAND	deceased liv	ed If institution B COUNTY	SOMER.		sian)
b. CITY OR TOWN (If of RURAL and give near	utside carporate limits, v MARTON STAT		_ 11	c CITY OR TO			STATIO		e negrest taw	n)
d. NAME OF HOSPITAL OR INSTITUTION AT HOM	(If not in haspital, give	street address)		d. STREET ADI	DRESS				ON	SIDENCE A FARM? NO
3. NAME OF DECEASED (Type or print)	BEULAI	Middle H GERTRUDI		EEN Lost	4	DATE OF DEATH	JANUA Mon	RY 6	Doy	19 60
5. SEX FEMALE		MARRIED NEVER MARRI	- L.	UNE 7.	1 272	9.	AGE (In years lost birthday) 81 yrs	Manths D	gys Hours	Min
10a. JSUAL OCCUPATION during most of workin HOUSEWIFE	(Give kind of work dan	106. KIND OF BUSINESS OF AT HOME	OR INDUSTRY	11. BIRTHPLAC	CE (State or MARI	ION STA			S.A.	COUNTRY?
13. FATHER'S NAME	EORGE WALST	ON		4. MOTHER 3 W		ZELLA 1	MORRIS			
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24, FUNERAL DIRECTOR'S		ADDRESS SONSCRISFIE	LD, MD		250 REC'D	n your		STRAR'S SIGI		

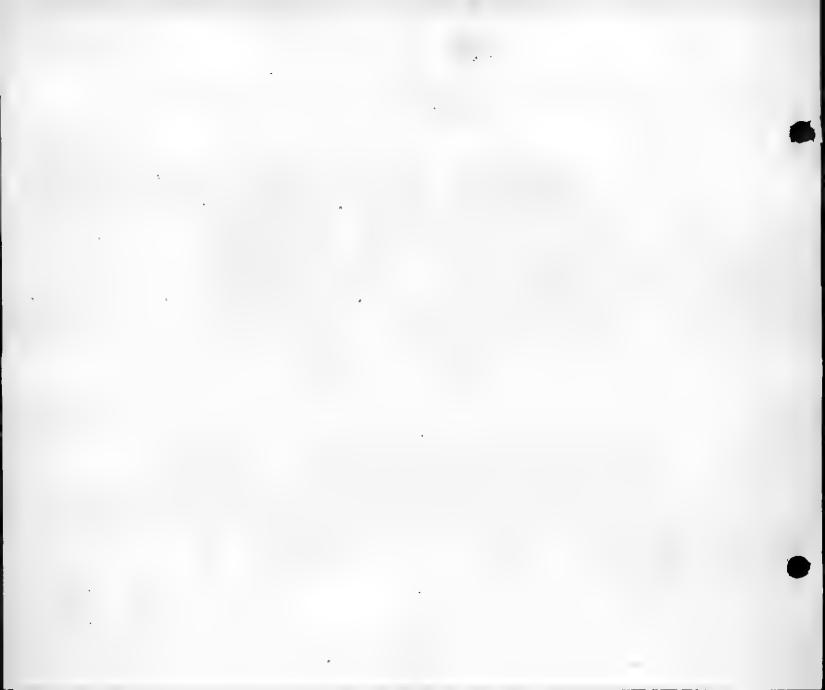


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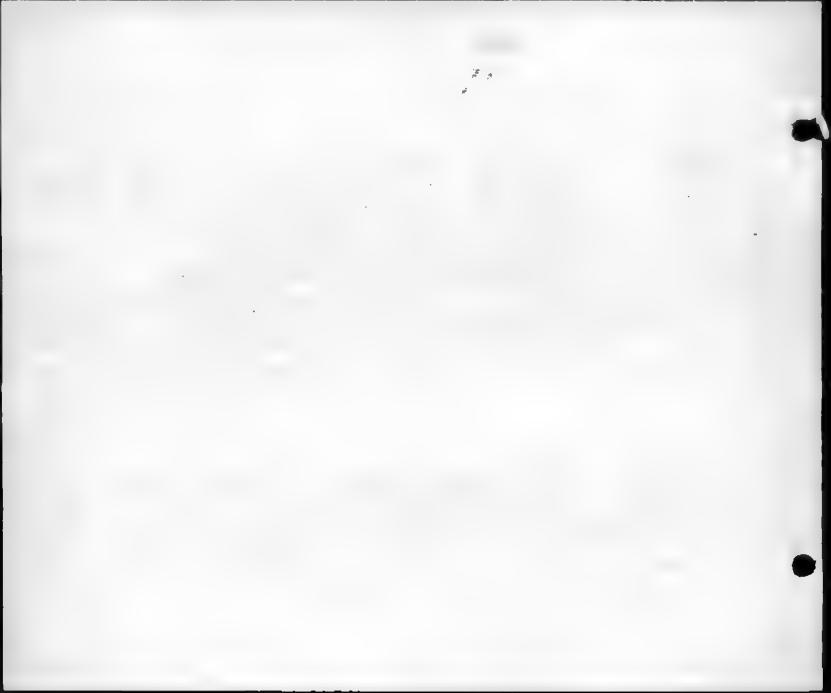


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alive an Jan 9, 19 60, and that death accurred at 6 M, from the causes and an the date stated at ADDRESS (Street, city or lown, stole) ACTUAL SIGNATURE M.D. Crispid d M. 6 PHYSICIAN'S NAME (Type) 220. BUR AL, CREMATION, 22b. DATE THEREOF 22c NAME OF CEMETERY OR, CREMATORY 22d. LOCATION (City, town, or county) REMOVAL Specify) (Stole)		_		1 . 1947 to Jan 12 1960 hat I last	saw the deceases
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28. FUNERAL DIRECTOR'S SIGNATURE . ADDRESS 1 240. REGISTRAR 246. REGISTRAR'S SIGNATURE	1	28.	FUNERAL DIRECTOR'S SIGNATURE		11/7

TO HOSPITAL CA. STRENDING PHYSKIAN: The law requires that the death certificate be executed within 24 haurs where death. Page 4 may be retained by the haspital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 shauld be filled with the registrar priar to burial, cremation, ar removal, and in any event within 72 hour after death



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MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

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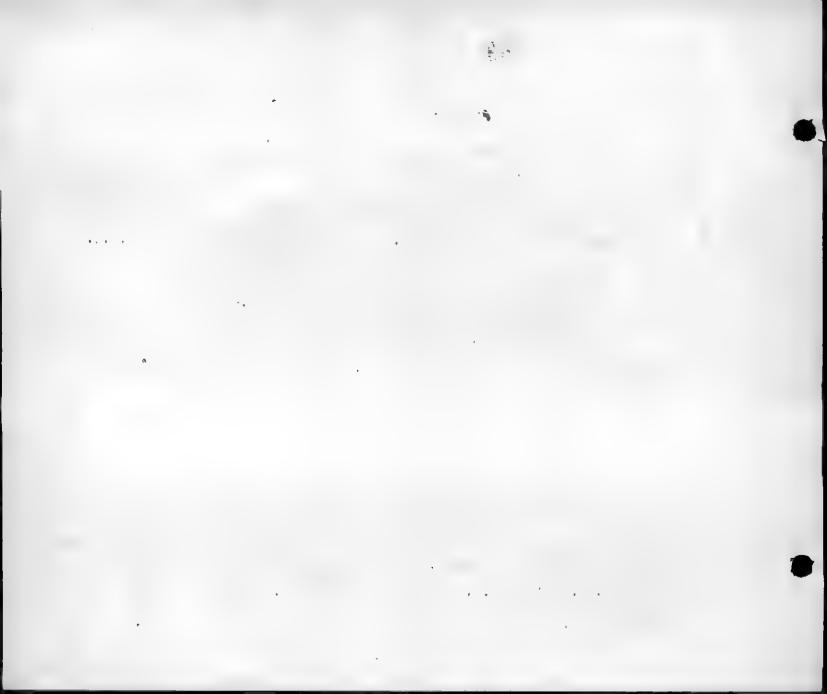
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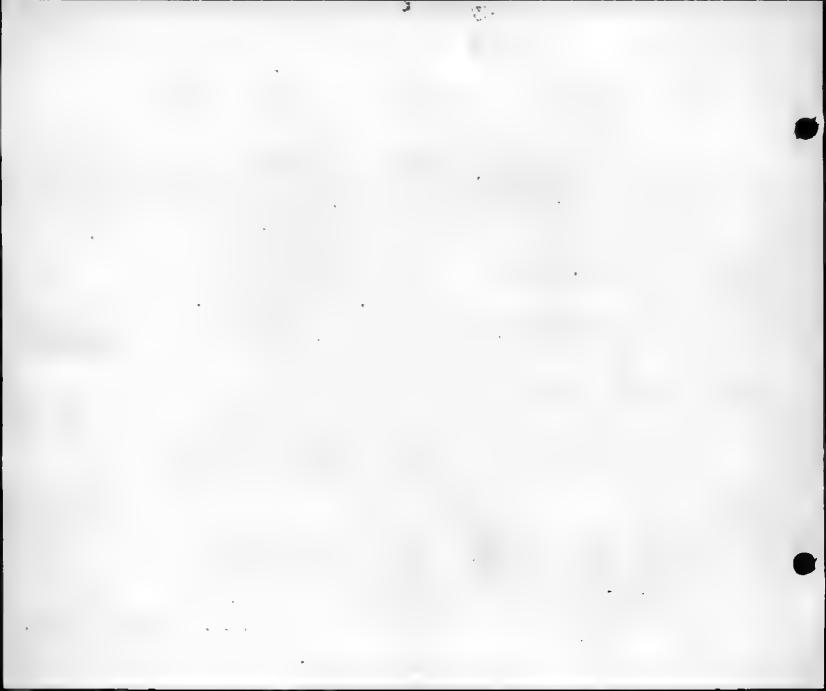
1154 CERTIFICA	ALE OF DEATH
1. PLACE OF DEATH o. COUNTY SOMERSET MARYLAND	2. USUAL RESIDENCE (Where deceased lived If institution Residence before admission) a. STATE MARYLAND b. COUNTSOMERSET
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) CRISFIELD LIFETIME	
d NAME OF HOSPITAL (If not in haspital, give street address) OR INSTITUTION COVE ST.	d. STREET ADDRESS COVE ST. . IS RESIDENCE ON A FARM YES NO
3 NAME OF First Middle DECEASED (Type or print) ANNIE ELIZA	LEWIS 4. DATE Month Doy Year DFATH JANUARY 8 19 60
5. SEX 6. COLOR OR RACE 7 MARRIED NEVER MARRIED WHITE WIDOWED DIVORCED	MARCH 29, 1887 9 AGE (In years IF UNDER 1 YEAR IF UNDER 24 H Months Doys Hours Min
10a USUAL OCCUPATION (G ve kind of work done during most of working life, even if retired) SEAMSTRESS CLOTHING MFG.	CRISFIELD, MARYLAND U.S.A.
13. FATHER'S NAME SIDNEY K. TYLER	14. MOTHER'S MAIDEN NAME ANNA HORNER
(Yes, no, or unknown) (If yes give war or dates of service)	NOY LEWIS—COVE ST.—CRISFIELD, MARYLAND
	R Cardio-mascular artirio Harous years
CATIC	UT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6) 19. WAS AUTOPERFORMED? YES \(\subseteq \text{NO} \)
OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	RED. (Enter noture of injury in Port I or Port II of item 18)
	PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (Stated of the bldg., etc.)
21 I certify that (I) (this hospital) attended the deceased from saw the deceased alive on	death accurred atM, from the causes and an the date stated above M. D. ATTENDINGMED_TOR STAFF M.D. PHYS
22c. PHYSICIAN'S NAME (Type) C. G. RAWLEY, M.D.	22d ADDRESS MAIN ST CRISFIELD, MARYLAND
DOLLARIS	OR CREMATORY CEMETERY 23d. LOCATION (City, town, or county) CRISFIELD, MD.
24. FUNERAL DIRECTOR'S SIGNATURE ADDRESS BRADSHAW & SONS— CRISFIELD, MI	25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE D. DATE AN 1 5 '60 CALLAG P #

may be retained by the haspital ar attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director, page 3 shauld be detached far use as the burial-transit permit. Then please remove carban pages 1 and 2 should be filed with the State Baard of Health prior to burial, cremation, or removal, and in any event, within 7 most after death. TO HOSPITAL VR A15 (4) 15M 9/59

ITENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs





1169 CERTIFICATE OF DEATH	Dist. No. 1167

1	p. COUNTY		2 USUAL RESIDENCE (Where deceased lived If institution, Residence before admission) of STATE and COUNTY				
	SOMERSET	MARYLAND	SOMERSET				
	b CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)				
L	CRISFIELD 18 MO.		OG CRISFIELD				
, [d NAME OF HOSPITAL (If not in hospital, give street		d STREET ADDRESS e. IS RESIDENCE ON A FARM?				
L	EDW. W. MCUREADY ME	MORIAL HOSP	• ' JOHNSON CREEK ROAD YES □ NO □				
.3	NAME OF First DECEASED	Middle	Last 4. DATE Month Day Year				
	(Type or print) AR THUR	JAMES	TYLER DEATH JANUARY 15 1960				
9		RIED NEVER MARRIED X	DATE OF BIRTH 9. AGE (in years If UNDER 1 YEAR IF UNDER 24 HR los) birthdoy) Months Days Hours Man				
L	MALE WHITE WIDOW	ED DIVORCED	6-18-1958 1 ost Direction of State Months Days Hours Min				
1	0a USUAL OCCUPATION (Give kind of work done 10b during most of working life, even if retired)	KIND OF BUSINESS OR INDUS					
			MARYLAND U.S.A.				
1	3. FATHER'S NAME		14. MOTHER'S MAIDEN NAME				
L	RICHARD JAMES T	YLER	HAZEL MARSHALL				
	S. WAS DECEASEDEVER IN U. S. ARMED FORCES? 16 Yes, no. or unknown] [[If yes, give wor or dotes of service]	**	FORMANT Address				
		ΠA	ZEL TYLER, CRISFIELD, MARYLAND				
	1B. CAUSE OF DEATH [Enter only one couse per li	ine for (a), (b), and (c).]	INTERVAL BETWEEN ONSET AND DEATH				
	PART I. DEATH WAS CAUSED BY. IMMEDIATE CAUSE (a) 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1						
, [096.9 DUE TO	,					
	Conditions, if any, which) (b)						
	gave rise to immediate Custon and Commediate DUE TO						
	lying couse lost. (c)						
	PART II. OTHER SIGNIFICANT CONDITIONS 200 ACCIDENT WAS UNDERLYING OR CONTRIBUTING C	CONTRIBUTING TO DEATH BUT	NOT RELAYED TO THE TERMINAL DISEASE CONDIT ON GIVEN IN PART I(a) 19. WAS AUTOPS' PERFORMED?				
			YES NO				
	200 ACCIDENT WAS UNDERLYING 20b. DES OR CONTRIBUTING 2 CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	CRIBE HOW INJURY OCCURRED	(Enter nature of injury in Port I or Port II of Item 18.)				
- 1	4						
	Hour a. m. While	t	CE OF INJURY (Home, form, 20f. (City or town) (County) (States), street, office bldg., etc.) (
- 3	p. m. 19 at wa						
	21. I certify that I attended the decea		12., 1960, ta 15., 1969that I last saw the decease				
	alive an 195	🚣 ⊆ , and that death	accurred at 12:10M from the causes and an the date stated above				
	00	DI	ADDRESS (Street, city or town, stote) DATE SIGNE				
	SIGNATURE Danie	Tay ton	A.D. URISFIELD, MARYLAND				
	PHYSICIAN'S CO M TO-	, M D	Character Manager and				
		TON, M.D.,	CRISFIELD, MARYLAND				
2	20- BURIAL, CREMATION, 22b DATE THEREOF REMOVAL (Specify)	22c. NAME OF CEMETERY OF					
-		7100	Cemetery Crisfield, Md.				
2	3. FUNERAL DIRECTOR'S SIGNATURE	ADDRESS	240. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE				
	Bradshaw & Sons-	Crisfield	, Md. DATE DATE 20 60 arthur & throng				



TO HOSPITAL X ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. Page 4 may be retained by the haspital ar altending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director, page 3 should be detached far use as the burial-transit permit. Then player remove carbon papers. Pages 1 and 2 should be filed with the registrar prior to burial, crematian, ar remaval, and in any event within 72 haurs after death.

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CEDTIFICATE OF DEATH

	1.15	CERTIFIC	AIE OF DEA	111	Reg.	Dist. No.	
1. PLACE OF DEATH o. COUNTY	Somerset	MARYLAND	2. USUAL RESIDENCE (dence before odm merset	ission)
RURAL and give to Rural Cr	(If outside corporate limits, write learest town) isfield	c. LENGTH OF STAY IN 16		(If outside corporate lin		nd give nearest to	wn)
d. NAME OF HOSPI OR INSTITUTION	TAL (If not in hospital, give stre	et address)	d. STREET ADDRESS			ON	ESIDENCE A FARM? NO
3. NAME OF DECEASED (Type or print)	Nancy	Elizabeth	n Ward	4. DATE OF DEATH	January	27,	19 60
female	1 1 4	ARRIED NEVER MARRIED DIVORCED DIVORCED	8. DATE OF BIRTH January	24,18 9 3 8	E (in years IF UNI prihday) Monti		DER 24 HRS Min.
during most of wor	rking life, even if refired)	b. KIND OF BUSINESS OR INDU	istry 11. Birthplace (Sid		12.	CITIZEN OF WHAT	
13. FATHER'S NAME GEOTO	ge Mason		14. MOTHER'S MAIDEN	n NAME en Cullen			
	ER IN U. S. ARMED FORCES? (If yes, give war or dates of service)		informant rs. Harlan	Tyler, C	Address risfiel	d, id.	
Conditions, if a gove rise to cause (a), stating lying cause lost.	immediate DUE TO	enely.	Antene	selve		57	400
PART II. OT	Contact Se	S CONTRIBUTING TO DEATH BU	Retern	oder		PERF	S AUTOPSY FORMED?
	AS UNDERLYING 206. D G CAUSE OF DEATH Y MEDICAL EXAMINER)	ESCRIBE HOW INJURY OCCURRI	ED. (Enter noture of injury	in Part I or Part II of i	item 18.)		
ZOc. TIME OF INJU Hour o. m. p. m.	Wh	1.	LACE OF INJURY (Home, fo octory, street, office bldg.,		vn)	(County)	(State
21. I certify to alive an	hat I attended the dece		12, 1940, to h accurred at 101 MD. 33 (M, from the cappress (Street, cappress)	auses and an	the date state	
Burgva Ispecify	1	Asbury		Crisfi		i.	ote)
23. FUNERAL DIRECTOR	S SIGNATURE	ADDRESS Crisfiel	26 -	FEB 5 '60	24b. REGISTRAR'S	S. Hours	

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	1. PLACE OF DEA

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TO HOSPITAL OK ATTENDING PHYSICIAN: The low requires that the direct certificate by executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the otherding physician and campletely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 shauld be filled with the State Board of Health prior to burial, cremation, or remayal, and in any event, which Abours after death.

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	9	A.C.	X	X

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		4			
1. PLACE OF DEATH o. COUNTY	Somerset	MARYLAND	2, USUAL RESIDENCE (W	- L COUNTS	Y Somer set
b. CITY OR TOWN RURAL and give	(If outside corporate limits, write negrest town). Crisfield	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If	outside corporate limits, write l	RURAL and give nearest town)
d. NAME OF HOSI OR INSTITUTION	PITAL (If not in hospital, give stre		d. STREET ADDRESS	nesapeake Ave.	e. IS RESIDENCE ON A FARM? YES NO U
3. NAME OF DECEASED (Type or print)	LUCY	Middle JANE	WILSON	4. DATE MO OF DEATH Januar	
s. sex	771 4 4	RRIED NEVER MARRIED DIVORCED DIVORCED	8. DATE OF BIRTH Jan. 21, 1873	9. AGE (In years lost birthdoy) 87 yrs.	Months Doys Hours Min.
10a. USUAL OCCUPAT during mast af we Housew.	TION (Give kind of work done 10 arking life, even if retired)	b. KIND OF BUSINESS OR INDU		ar foreign country) 1, Maryland	12. CITIZEN OF WHAT COUNTRY
13. FATHER'S NAME	James Purnell	Tarream	14. MOTHER'S MAIDEN Meliesa	NAME 2	
15. WAS DECEASED E	VER IN U. S. ARMED FORCES? 1	6. SOCIAL SECURITY NO. 17. I	NFORMANT	Add	dress Maryland
	ony, which immediate graph the under-	cardia e	arrest a arteri	osolero Ac	INTERVAL BETWEEN ONSET AND DEATH /2 W.O.
20a. ACCIDENT V		S CONTRIBUTING TO DEATH BUTTLE CRAFTLY ESCRIBE HOW INJURY OCCURRI	itis		IVEN IN PART I(0) 19. WAS AUTOPSY PERFORMED? YES NO
20c. TIME OF INJ	URY Month, Day, Year 20d	t.	LACE OF INJURY (Home, for octory, street, office bldg., et		(County) (State
	hat (1) (this hospital) atternased alive an Jan. 1	nded the deceased fram. 91960, and that	ATTENDING A	SM, from the causes a	nd on the date stated abave
22c. PHYSICIAN'S NAME (Type	R. W. Irelan	d, M. D.	22d. ADDRESS	risfield, Mary	
REMOVAL (Speci Burial 24. FUNERAL DIRECTO Bradsha		ADDRESS	250. REC	CO 0 100	eryland SISTRAR'S SIGNATURE LITTHUM S. Kanne

aparticles of will addition Auto redespendente de la constante de la const E (10) 15 ME 5 ME 15 ME and any to a filtrated and a publish about and are set to be the bridgest artificial control of the dealers of the contain the fig. 1964 the desirate two large and taken Indian a long original a sector